



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi	Anne	T.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Cendant Corporation		973-496-5497
MAILING ADDRESS (Street)		FAX
6 Sylvan Way		973-496-6951
(City)	(State)	(Zip Code)
Parsippany	NJ	07054
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John Bazin		973-496-5497
MAILING ADDRESS (Street)		FAX
6 Sylvan Way		973-496-6951
(City)	(State)	(Zip Code)
Parsippany	NJ	07054

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) Taxation
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Anne J. Horvath</u>	<u>1/6/05</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John Bazin	Vice President, State & Government Relations
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Cendant Corporation	973-496-5497
MAILING ADDRESS (Street)	FAX
16 Sylvan Way	973-496-6951
(City)	(State)
Parsippany	NJ
(Zip Code)	07054
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>John Bazin</u>	<u>12-16-04</u>
(Signature of Authorizing Officer or Person Represented)	(Date)